

the case seem to us to stand thus.—Discoverer of anæsthetic properties of nitrous oxide, Sir Humphry Davy, 1798; discoverer of anæsthetic properties of ether vapour, Faraday (?), 1818; discoverer of anæsthetic properties of chloroform, Waldie, of Liverpool, 1847; first employer of nitrous oxide, Dr. Honce Wells, 1844; establisher of nitrous oxide, Dr. Evans; first employer and establisher of ether vapour, Dr. Morton, 1846; first employer and establisher of chloroform, Sir J. Y. Simpson, 1847.

These matters are not to be looked at in any narrow spirit, and, to our minds, the man whose energy and determination succeed in popularising any new discovery is deserving of almost equal credit with the inventor. For example, Mr. Cyrus Field is not the inventor of telegraphs, but it is mainly to his dogged determination that we owe the fact that distant quarters of the globe are at this day united by electric wires. He succeeded in convincing the world that the thing was practicable, and he is therefore entitled to share the honours with Wheatstone, Morse, and Canning.—*Lancet*.

MEDICAL NEWS.

Dr. Ricord has been appointed consulting surgeon to the Hospice Municipal, Paris.

The number of cases of cholera in Berlin up to the 21st August was 129, of which 90 proved fatal.

There are several members of the profession in California who own vast tracts of land. Dr. Glenn, of Colusa County, possesses a ranch containing 45,000 acres. It has a frontage of 18 miles on the Sacramento river, and is enclosed and divided by 140 miles of fencing.

Advices from Capetown intimate that smallpox is raging at Amatongal, and cutting off the natives by hundreds.

The Bengal Government (so telegraphs the Times correspondent) has ordered the extension of the medical vernacular colleges in Calcutta, Dacca, and Patna.

The Parliamentary Commission of the French National Assembly have decided that two new Faculties of Medicine will be instituted, one at Bordeaux and the other at Lyons.

It is with sincere regret that we learn of the illness of Dr. Robert Smith, Professor of Surgery in the University of Dublin, and Vice-President of the Irish College of Surgeons. Dr. Smith is suffering from hepatic disease with dropsy, and a few days back it was found necessary to tap him.

A consistent advocate of "change of air and scene," Sir Henry Holland's practice coincides with his precept. At the age of eighty-five—itself a proof of the soundness of the prescription—Sir Henry has just started on his annual two months' tour, his destination being this autumn being Nijni-Novgorod. He has never lost a patient—though he has lived to preserve many—by his wanderings, which, as is well known, include eight voyages to the United States and Canada, one to Jamaica, four tours over the East, three to Algeria, two in Russia, several visits to Sweden and Norway, and one to Iceland.—[*Lancet*.

FEMALE RESIDENT MEDICAL OFFICERS.

The experiment of appointing a female resident medical officer to the Hospital for Women at Birmingham has been followed at Bristol in the case of the Hospital for Sick Children, with the effect of leading to the unanimous resignation of the medical staff of that institution. The cases of the two hospitals are widely different; for at Birmingham the hospital was a new one, and the medical officers were favourable to the appointment; whilst at Bristol the hospital has been well served for many years by the existing staff, upon whom the governors have now forced a female

subordinate. We cannot affect surprise at the result which has been attained, and do not see how any other could have been expected.

Setting aside all prejudices which medical men may or may not entertain upon the subject of female medical education, there are one or two practical inconveniences connected with the tenure of office in a hospital by a female resident which may be worthy of notice. In the first place, in the present state of the law, the foreign degrees held by most of the lady doctors do not entitle them to register, and, consequently, they are not legally qualified practitioners. The inconvenience of this has already been experienced at Birmingham, where the coroner, when investigating a death from an anæsthetic administered by the resident medical officer, declined to recognize her evidence as that of a skilled witness. Secondly, we all know that residents are seldom altogether immaculate in the eyes at least of their seniors, and that every now and then a rub occurs in connexion with the management of some case. Is the dissatisfied surgeon to be debarred from expressing his opinion by the unpleasantness of "blowing up" a lady; and is she to be de facto mistress of the situation and exempt from all interference? We cannot wonder that the Bristol physicians and surgeons should decline to be put in such an unpleasant predicament, and question whether the governors who are so enthusiastic for female suffrage will take much by their motion.—*Lancet*.

MEDICAL DEPARTMENT OF VICTORIA UNIVERSITY, opposite the Toronto General Hospital.

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PROSPECTUS.

THE CANADIAN

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If the interest of a correspondence can be maintained and its freshness preserved by a weekly publication, it must be yet more valuable to have weekly notices instead of monthly ones of the advances which are continuously being made in the medical art. Obviously the sooner a medical practitioner hears of an improvement the sooner he can put it in practice, and the sooner will his patients reap the benefit. In this manner, the value of a weekly over a monthly or semi-annual medical journal may sometimes prove inestimable. Medical papers and clinical lectures, in abstract form or in extension, will regularly appear and constitute a considerable portion of the new journal. In this way it is intended to furnish the cream of medical literature in all departments, so that a subscriber may depend upon its pages as including almost every notice of practical value contained in other journals.

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